

# Foster Family Home - Corrective Action Report

Provider ID: 1-583238

Home Name: Elizabeth Etrata, CNA

Review ID: 1-583238-5

94-706 Kaaoki Place

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 10/30/2018

End Date: 11/5/18

## Foster Family Home Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 10/31/18. Corrective Action Report issued during home visit with all items due to CTA by 11/30/18.

6.(d)(1) - see applicable sections of the review

## Foster Family Home Personnel and Staffing

[17-1454-41]

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with subsection 17-1454-7(b)(2).

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

Comment:

41.(b)(4) - No disclosure form for CG #2.

41.(b)(5) - No Alternative Transportation form for CG #2.

## Foster Family Home Quality Assurance

[17-1454-48.1]

48.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

48.1.(a) - Emergency Preparedness Plan not signed by CG #2.

David Ayling  
Compliance Manager

Elizabeth A. Etrata  
Primary Care Giver

10/31/18  
Date

10/3/18  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: ELIZABETH A. ETRATA  
CCFFH Address: 94-706 KAAOKI PLACE, WAIPAHU, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(b)(4)	I received a completed SCG disclosure form from CG #2 I have placed in my CTA binder	11/01/18	I will make sure each new SCG fills out an SCG disclosure form when I hire them.
41(b)(5)	I filled out a Alternative Transportation form with SCG #2 name on the top and placed in my CTA binder.		Also an Alternative Transportation form I will place in my CTA binder. I will have each new SCG read my Emergency Preparedness Plan when I hire them and have them sign it.
48.1(a)	I had SCG #2 read my Emergency Preparedness Plan and sign it.		

Primary Caregiver's Signature: Elizabeth A. Etrata

Print Name: ELIZABETH A. ETRATA

Date of Signature: 11/01/18